



PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
10/038,614

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 44	Minus	** 20 = 24
Independent (37 CFR 1.16(b))				* 3 Minus *** 3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	FEES
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	FEES
	\$ _____
x \$ _____ =	
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

OR OTHER THAN
SMALL ENTITY

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
x \$ 9 =	\$ 216
x 42 =	0
+ _____ =	
TOTAL	\$ 216

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

OR TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	** =
Independent (37 CFR 1.16(b))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

OR TOTAL ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	** =
Independent (37 CFR 1.16(b))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
x _____ =	
+ _____ =	
TOTAL	

OR TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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